

CONSENT FOR DISPOSAL OF FROZEN DONOR SPERM

I, _____ MR# _____ DOB: _____
(Name of person purchasing the sperm)

I am instructing Rocky Mountain Fertility Lab (RMFL) that I no longer wish to continue storing my frozen donor sperm. I am asking that the following vials of sperm be observed and thawed at room temperature until their demise. This process will render the sperm unusable for fertilization purposes and it will be discarded. We also give RMFL permission to use the donor sperm sample for training purpose before destruction.

CRYOBANK	DONOR ID	FREEZE DATE	NUMBER OF VIALS

My signature indicates my consent to have my frozen donor sperm destroyed. I hereby release the Rocky Mountain Fertility Lab, its employees, agents and assigns from any and all claims and causes of action that result from actions taken in reliance upon this consent. I have been given the opportunity to ask questions concerning this consent form and those questions have been answered to my satisfaction. I understand that I have the right to counseling and legal advice regarding the terms of this consent form and any potential legal consequences. I have been given adequate time to review this form and consider my options.

Signature: _____ Print Name: _____ Date: _____

NOTARIZATION OR RMFC/RMFL WITNESS TO SIGNATURES

Notary's or RMFL Witness' Signature *Date*

Office Use:

Transferred to training tank by:

Date:

Thaw Date: _____ # Vials Thawed: _____ Andrologist: _____